

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN470ASC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>DIGESTIVE HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5250 KIETZKE LANE RENO, NV 89511</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as a result of a State Health Licensure focused survey conducted in your facility on 1/11/10 and finalized on 1/11/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	A 00	<p>Tag A9999</p> <p>All involved parties, (the Center Director, GI technicians and FS Medical Staff (Biological Equipment Maintenance Company)) reviewed and began implementation of the manufactures recommendations for cleaning and maintaining the autoclave by 1-25-2010. (Appendix 1 Manufacture recommendations)</p> <p>All involved staff members have verbally demonstrated understanding of the importance of complying with the manufacturer's recommendation for care and maintenance of the autoclave.</p> <p>Immediately on 1-11-2010 Center Staff implemented the recommended cleaning procedures at the appropriate intervals by the manufacturer for the autoclave. A formal written policy (Appendix 2) (subset of policy C7.19 Care and Maintenance of Autoclave) has been written following the manufactures guidelines and has been approved by the Medical Director and Center Director.</p>	
A9999	<p><b>Final Comments</b></p> <p>4. The ambulatory surgical center shall ensure that each employee or independent contractor follows the manufacturer's instructions concerning:</p> <p>(d) The operation and maintenance of the sterilizer or the equipment used for high-level disinfection</p> <p>Based on interview and review of the manufacturer's recommendations for routine maintenance the facility failed to ensure the</p>	A9999		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

*Kaylene Opperman RN*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A9999	Continued From page 1  manufacturer's instructions were followed for routine maintenance of the Ritter steam sterilizer.  On interview, the technicians reported they flushed the system using the cleaning solution Speed-Clean once every two months. The manufacturer's guidelines recommended flushing the system with Speed Clean monthly.  Severity 2 Level 2	A9999	This policy will be reviewed and updated as applicable and annually. Documentation of competition of the prescribed cleaning procedures is evident by the attached logs (Appendix 3)  All Applicable staff have been in serviced on the manufactures recommendations for care and maintenance and will comply with the schedule. Additionally, the manufactures recommendations on care and maintenance of the autoclave will be included in the GI Technicians annual competency which is completed in the first quarter of each year. (Appendix 4)  GI Technicians will be in serviced on 2-1-2010 at 3:00 P.M. by a FS Medical Technician on the quarterly requirement of removing the door gasket and releasing of the pressure safety valve. All applicable personnel will be checked off on the procedure by return demonstration. A quarterly log will reflect compliance with the manufactures recommendations.	

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Compliance with all of the manufactures recommendations on care and maintenance will be monitored through regular documentation for all required daily, weekly, monthly and quarterly care and maintenance. (Appendix 4) The lead GI technician will confirm compliance by reviewing the logs and reporting compliance to the monthly QAPI Committee meeting. The Center Director will have the ultimate responsibility to ensure compliance with the manufactures recommendation for care, maintenance, and monitoring of the Autoclave.

The Plan of Correction, all in services and education will be completed by 2-1-2010 (Appendix 5, sign in sheet for February 1st inservice with FS Medical).

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